

**TEMPORARY FACULTY WAIVER FORM:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hiring Department: |  | | | | Date of Request: | |  | |
| Hiring College: |  | | | | | | | |
| Hiring Unit AAC: | |  | Phone #: |  | | Email: | |  |
| Hiring Contact Person: | |  | Phone #: |  | | Email: | |  |

**Proposed Appointment Type:**

Note: This waiver form is for hiring approval on a **semester basis.** To request waiver approval for an academic or fiscal year appointment, complete the faculty action process in PeopleAdmin.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Semester Requesting Approval for: |  | Semester Credit Total: |  | FTE: |  | Salary: | $ |

**Scope of Work:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Period of time: | Begin Date: |  |  | End Date: |  |
| Courses: |  | | | | |
| Brief & General Description of Responsibilities: |  | | | | |
| When did you learn of the need for this position? |  | | | | |
| What is preventing you from doing a condensed search? |  | | | | |
| What are the minimum educational requirements needed to complete the responsibilities? |  | | | | |
| What is the experience requirement to complete the responsibilities? |  | | | | |

**Waiver Rationale:**

|  |  |
| --- | --- |
| **Select all that apply:** | |
|  | | Leave |  |
|  | | Retirement/Separation |  |
|  | | Enrollment |  |
|  | | Other |  |
| Fully explain circumstances: |  | | | | |
| Select all that apply: | |  | | |
|  | | Instruction greater than 7 credits a semester | | |  |
|  | | Work FTE greater than .475 a semester | | |  |
| Other (explain): |  | | | | |

**Requesting a Waiver For:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of person: |  | | | | | | | | | | | Highest degree earned: | | |  | | | Year: |  |
| Previous employment with the UI: | | Yes |  |  | No | |  |  | | Last date of employment (if applicable): | | | | | | |  | | |
| Is this person adjunct faculty in your department: | | | | | | Yes | |  |  | | No | |  | V Number (if applicable): | | V | | | |
| What is the selection criteria for appointing this person and this person’s specific experience for doing this work? | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Official Comments: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |

Routing Order (submit form & CV to [provost@uidaho.edu](mailto:provost@uidaho.edu) for final two approvals):

**REQUESTED BY AND APPROVED BY:**

|  |  |  |
| --- | --- | --- |
| Hiring Department Chair, Head, Director |  | Date |
| Hiring College/Unit Dean |  | Date |
| AAC |  | Date |

**RECOMMENDED BY:**

|  |  |  |
| --- | --- | --- |
| Provost & Executive Vice President |  | Yes/No |

**APPROVED BY:**

|  |  |  |
| --- | --- | --- |
| EEO |  | Date of Approval |

**If approval is granted:** Steps 1 through 7 on the temporary faculty hiring guideline must be completed. The tasks must be completed on or before the first day of work AND before full system access will be granted.